

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031741

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 1811. PLACE OF DEATH  
a. COUNTY Livinstonb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ChillicotheLength of stay in hospital  
2 days2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Caldwellc. CITY OR TOWN Braymer, Mo RFDInside Limits  
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Chillicothe HospitalInside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First GeorgeMiddle O.Last Welker

4. DATE OF DEATH

Month Aug. Day 28 Year 1962

5. SEX

male

6. COLOR OR RACE

white7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Mar. 14, 1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

10b. KIND OF BUSINESS OR INDUSTRY

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11. BIRTHPLACE (City and state or country)

Braymer, Mo RFD

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Norman Welker

13b. MOTHER'S MAIDEN NAME

Mary Anderson

14. NAME OF HUSBAND OR WIFE

deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

17. INFORMANT

Address

20 Russell Goll Braymer, Mo. RFD

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-21-62 to 8-28-62 and last saw him alive on 8-28-62  
Death occurred at 2:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

Chillicothe, Mo

22c. DATE SIGNED

8-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-31-62

23c. NAME OF CEMETERY OR CREMATORY

Evergreen Cemetary

23d. LOCATION (City, town, or county)

Braymer, Mo.

(State)

24. FUNERAL DIRECTOR

Mead-Pitts

ADDRESS

Braymer, Mo

25. DATE RECD. BY LOCAL REG.

Aug 30, 1962

26. REGISTRAR'S SIGNATURE

Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/590595059520130

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4 05 2

6

7 08 294201

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11

12 1-013 1-0

SEP 7 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Bernard J. Mead*

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.